

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name              |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-----------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0070014                        | BERLIN BOWLING CENTER |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                       | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 1782 BERLIN TURNPIKE             |                       |                     |             | 1              |            |            |                |

Towns Served: BERLIN

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         | Complete          |
|                                    | 1/1/19 - 12/31/19 |                         | Complete          |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20130                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 59336                    | HYDROPNEUMATIC TANK   |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |  |  |                          |                       |              |                 |               |       |          |
|--------------------------|--|--|--------------------------|-----------------------|--------------|-----------------|---------------|-------|----------|
| Name                     |  |  |                          | Organization          |              |                 | Job Title     |       |          |
| Mr. Charles W. Lanza     |  |  |                          | Lanza Development LLC |              |                 | Owner         |       |          |
| Mailing Address Line One |  |  | Mailing Address Line Two |                       |              | City            |               | State | Zip Code |
| 27 Homewood Place        |  |  |                          |                       |              | Wolcott         |               | CT    | 06716    |
| Business Phone           |  | Extension                                    | Fax                      |                       | Mobile Phone | Emergency Phone | Email Address |       |          |
| 860-828-4131             |  |  |                          |                       |              |                 |               |       |          |
| Contact Role(s):         |  | Administrative Contact, Legal Contact, Owner |                          |                       |              |                 |               |       |          |

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name              |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-----------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0070014                        | BERLIN BOWLING CENTER |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                       | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 1782 BERLIN TURNPIKE             |                       |                     |             | 1              |            |            |                |
| Towns Served: BERLIN             |                       |                     |             |                |            |            |                |

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name         |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0070154                        | SVEA SOCIAL CLUB |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                  |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 999 KENSINGTON ROAD              |                  |  |                     |                | 1          |            |                |              |

Towns Served: BERLIN

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 |                            | Complete          |
|   | 1/1/19 - 3/31/19   |                            | Complete          |
|   | 4/1/19 - 6/30/19   |                            |                   |
|   | 7/1/19 - 9/30/19   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/18 - 12/31/18 |                         | Complete          |
|                                    | 1/1/19 - 12/31/19 |                         | Complete          |
|                                    | 1/1/20 - 12/31/20 |                         |                   |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date  | Achieved Date |
|------------------------------|-----------|---------------|
| RESPOND TO SANITARY SURVEY   | 4/12/2019 |               |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 55105                    | WELL 2                | 2                 | WELL 2                     | A      |                     |                           |          |                  |
| 55107                    | BLADDER TANK          |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |           |                          |              |                 |               |       |          |
|--------------------------|-----------|--------------------------|--------------|-----------------|---------------|-------|----------|
| Name                     |           | Organization             |              |                 | Job Title     |       |          |
| Mr. Christopher Dirga    |           | Svea Social Club Inc     |              |                 | President     |       |          |
| Mailing Address Line One |           | Mailing Address Line Two |              |                 | City          | State | Zip Code |
| 201 Hammerhill Rd        |           |                          |              |                 | Rocky Hill    | CT    | 06067    |
| Business Phone           | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address |       |          |
| 860-828-9447             |           |                          |              |                 |               |       |          |

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                         |                          |              |                 |                |
|----------------------------------|-------------------------|--------------------------|--------------|-----------------|----------------|
| PWS ID                           | PWS Name                | Classification           | Population   | Owner Type      | Primary Source |
| <b>CT0070154</b>                 | <b>SVEA SOCIAL CLUB</b> | <b>NC</b>                | <b>25</b>    | <b>P</b>        | <b>GW</b>      |
| Local Address (where applicable) |                         | Service Connections      | Residential  | Commercial      | Industrial     |
| 999 KENSINGTON ROAD              |                         |                          | 1            |                 |                |
| Towns Served: BERLIN             |                         |                          |              |                 |                |
| Name                             |                         | Organization             |              | Job Title       |                |
| <b>Svea Social Club</b>          |                         |                          |              |                 |                |
| Mailing Address Line One         |                         | Mailing Address Line Two |              | City            | State          |
| P. O. Box 113                    |                         | 999 Kensington Rd        |              | Kensington      | CT             |
| Business Phone                   | Extension               | Fax                      | Mobile Phone | Emergency Phone | Email Address  |
|                                  |                         |                          |              |                 |                |
| Contact Role(s): <b>Owner</b>    |                         |                          |              |                 |                |

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name    |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|-------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0070204                        | SAFARI GOLF |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |             | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 2340 WILBUR CROSS HIGHWAY        |             |                     |             | 1              |            |            |                |

Towns Served: BERLIN

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

| Total Coliform (3100)                           | 1 routine (RT) per quarter |                          |                          |
|---|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>   | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/19 - 6/30/19           |                          | Complete                 |
|   | 7/1/19 - 9/30/19           |                          |                          |

| Physical Parameters (PPS)                       | 1 routine (RT) per quarter |                          |                          |
|---|----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i>   | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/19 - 6/30/19           |                          | Complete                 |
|   | 7/1/19 - 9/30/19           |                          |                          |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)                 | 1 routine (RT) per year  |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/18 - 12/31/18        |                          | Complete                 |
|   | 1/1/19 - 12/31/19        |                          | Complete                 |
|   | 1/1/20 - 12/31/20        |                          |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SEASONAL START UP COMPLETION        | 4/1/2019        |                      |

### Public Notification Requirements

| <i>Violation/Situation</i>         | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification Required</i> | <i>Public Notification Performed</i> | <i>PN Certification Due to DPH</i> | <i>PN Certification Received</i> |
|------------------------------------|--------------------------|--------------------|-------------------------------------|--------------------------------------|------------------------------------|----------------------------------|
| REVISED TOTAL COLIFORM RULE (RTCR) | 5/6/18 - 5/17/18         | 3                  | 6/18/2019                           |                                      | 6/28/2019                          |                                  |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTEAM                | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 20145                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

### Contact Information

| Name  |  |           |                          | Organization      |              | Job Title         |                    |       |          |
|---|--|-----------|--------------------------|-------------------|--------------|-------------------|--------------------|-------|----------|
| Mr. Tom Bukowski  |  |           |                          | Safari Golf, Inc. |              | Owner - President |                    |       |          |
| Mailing Address Line One                                      |  |           | Mailing Address Line Two |                   |              | City              |                    | State | Zip Code |
| 78 Wildwood Lane  |  |           |                          |                   |              | Kensington        |                    | CT    | 06037    |
| Business Phone  |  | Extension | Fax                      |                   | Mobile Phone | Emergency Phone   | Email Address      |       |          |
| 860-828-9800  |  |           |                          |                   |              | 860-828-8648      | joycepb3@gmail.com |       |          |
| Contact Role(s): Administrative Contact, Legal Contact, Owner |  |           |                          |                   |              |                   |                    |       |          |

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|----------------------------------|-------------|---------------------|-------------|----------------|------------|------------|----------------|
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| Local Address (where applicable) |             | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
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Towns Served: BERLIN

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